

## **Executive Order 16-09, “Addressing the Opioid Use Public Health Crisis” Status Report December 27, 2016**

### **Executive Order Goals:**

Goal 1: Prevent inappropriate opioid prescribing and reduce opioid misuse and abuse.

Goal 2: Treat individuals with opioid use disorder and link them to support services, including housing.

Goal 3: Intervene in opioid overdoses to prevent death.

Goal 4: Use data and information to detect opioid misuse/abuse, monitor morbidity and mortality, and evaluate interventions.

### **Key agencies and partners involved with or consulted during the development of this status report or the underlying work:**

- State Agency Medical Directors Group (AMDG)
- Washington State Department of Labor & Industries (L&I)
- Washington State Health Care Authority (HCA)
- Washington State Board of Health (WSBOH)
- Washington State Department of Health (DOH)
- Washington State Department of Veteran Affairs
- Washington State Office of the Insurance Commissioner (OIC)
- Washington State Department of Corrections (DOC)
- Washington State Department of Social and Health Services’ (DSHS) Division of Behavioral Health and Recovery (DBHR)
- The University of Washington Alcohol and Drug Abuse Institute (UW ADAI)
- The Bree Collaborative (Bree) has convened a workgroup focused on implementing the 2015 AMDG Opioid Guidelines
- Washington State Hospital Association (WSHA)
- Washington State Medical Association (WSMA) Opioid Task Force
- Tribal governments and partners

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1.1	<ul style="list-style-type: none"> <li>Consider amendments to the state pain guidelines and other training and policy materials, consistent with the 2015 AMDG and the 2016 U.S. Centers for Disease Control and Prevention opioid guidelines, to reduce unnecessary prescribing for acute pain conditions for the general population, especially for adolescents.</li> </ul>	AMDG	<p>Kathy Lofy, M.D. (DOH)</p> <p>Jaymie Mai (L&amp;I)</p>	<p>Bree Collaborative, Tribal governments, boards and commissions, professional associations, health care systems, insurers, teaching institutions, and others</p>	<p>L&amp;I convened AMDG meetings on November 1<sup>st</sup> and 28<sup>th</sup> to discuss implementation.</p> <p>Dr. Kathy Lofy and the AMDG are working with the WSHA/WSMA Opioid Task Force to develop recommendations on prescribing opioids for acute pain. Draft recommendations for adolescents and adults are being circulated to clinical partners and associations.</p> <p>DOH convened a meeting with agency Tribal liaisons to discuss partnering with Tribes and high priority issues.</p> <p>The Bree Opioid Implementation workgroup plans to convene a summit in January 2017 in coordination with the Washington State Dental Association, the Dental Quality Assurance Commission, the University of Washington School of Dentistry, Delta Dental and others to adapt the AMDG and CDC Guidelines for acute prescribing in adolescents to address pain management after dental procedures (e.g. third molar extraction).</p> <p>L&amp;I created a poster and 2-page summary of the 2015 AMDG guidelines and posted videos from the Pain Conference as additional resources for provider education. These resources are available at <a href="http://www.AgencyMedDirectors.wa.gov">www.AgencyMedDirectors.wa.gov</a>. In the 2<sup>nd</sup> quarter of 2016, there were nearly 27,000 visitors to the AMDG website and almost 2500 downloads of the 2015 AMDG opioid guideline. L&amp;I continues to educate health care providers on the guidelines through presentations, conferences and meetings.</p> <p>The UW TelePain program continues to provide weekly interactive case-based community provider mentoring through tele-video and promoting adherence to the AMDG guidelines.</p> <p>Bree has facilitated linkage to the AMDG guidelines on WSMA’s webpage.</p>	1
1.2	<ul style="list-style-type: none"> <li>Develop a communications strategy geared toward preventing opioid misuse in</li> </ul>	<p>DOH</p> <p>DSHS</p>	<p>Jennifer Alvisurez, Steve</p>	<p>Governor’s Office, other agencies</p>	<p>DSHS is lead on the communications strategy. Julia Havens scheduled the first workgroup meeting with DSHS, OSPI, L&amp;I and DOH on December 12, 2016.</p>	1

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	<p>communities, particularly among youth, to raise awareness about the risks of opioid use and focus on reducing the stigma of opioid use disorder.</p> <ul style="list-style-type: none"> <li>This communication strategy shall promote safe home storage and appropriate prescription pain medication disposal to prevent misuse.</li> </ul>		<p>Smothers (DOH)</p> <p>Julia Havens &amp; Danny Highley (DBHR)</p>	<p>including OSPI, schools, public and private partners</p>	<p>The Washington Health Alliance, in partnership with the Bree, WSHA, and WSMA has developed infographics for patients and providers on appropriate opioid prescribing. This effort will be coupled with the state wide distribution of letters with complementary language to hospital and health plan Chief Medical Officers in early December.</p> <p>DSHS has a state substance abuse prevention and mental health promotion plan available here: <a href="http://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/substance-abuse-prevention-and-mental-health-promotion">www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/substance-abuse-prevention-and-mental-health-promotion</a>.</p> <p>DSHS/DBHR promoted resources on <a href="http://www.TheAthenaForum.org/rx">www.TheAthenaForum.org/rx</a> for community education providers to access and include in information to disseminate locally. New materials are being developed (statewide distribution is pending).</p> <p>DBHR has contracted with UW ADAI to:</p> <ul style="list-style-type: none"> <li>Develop an educational document for families focused on information about responsible use of prescription medication, home storage, and disposal of prescription medications. Expected in Spring 2017.</li> <li>Develop a Practice Brief promoting best practices for prescribing opioids for the Dental profession. Expected completion date 06/30/17.</li> <li>Develop a toolkit for communities and coalitions that will: provide guidance about incorporating prescription use and misuse data into their assessment planning process; include educational information about the continuum of prescription drug misuse, abuse and overdose prevention; and identify current and relevant sources of data related to prescription drug/opioid misuse and abuse. Expected completion Spring 2017.</li> <li>Complete a review of existing patient materials for children, adults and parents. Expected completion Spring 2017.</li> </ul>	

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					DOH is promoting Take as Directed materials: <a href="http://www.doh.wa.gov/YouandYourFamily/PoisoningandDrugOverdose/TakeAsDirected/ForPainPatients">www.doh.wa.gov/YouandYourFamily/PoisoningandDrugOverdose/TakeAsDirected/ForPainPatients</a>	
<b>1.2</b>	<ul style="list-style-type: none"> <li>Agencies shall work with partners to consider and present options on how to best prevent misuse, including potential solutions like drug take-back programs.</li> </ul>	<b>DOH</b>  <b>DSHS</b>	Jennifer Alvisurez (DOH)  Julia Havens & Danny Highley (DBHR)		<p>The Unintentional Poisoning Work Group identified initiatives including partnerships with Health Care Authority to purchase home lock boxes.</p> <p>DSHS/DBHR has provided 9 Targeted Enhancement grants to eligible Community Prevention and Wellness Initiative (CPWI) Community Coalitions to implement secure medicine take back projects to develop and adopt policies and procedures and to purchase and maintain a permanent secure medicine take back drop box in their respective communities. They created and disseminated public education information and news publications increasing awareness of the secure medicine project, local treatment resources, naloxone information and the Good Samaritan law.</p> <ul style="list-style-type: none"> <li>CPWI coalitions reported evaluative outcomes, including over 1000 pounds of medications collected and destroyed and promotion and maintenance efforts of secure medicine take back drop boxes. Eight permanent secure drop boxes were installed.</li> <li>DSHS/DBHR encouraged CPWI-wide promotion and education about responsible storage and disposal of medications including promoted bi-annual DEA National Prescription Take Back events. They also promoted the Washington State Take Back Your Meds Site, and provided a presentation at the Summer Coalition Leadership Institute Training June 2016.</li> </ul>	1
<b>1.3</b>	<ul style="list-style-type: none"> <li>Explore innovative methods and tools to deliver evidence-based alternatives and other promising practices to reduce overreliance on opioids while improving access to care and health outcomes with regard to the treatment of pain.</li> </ul>	<b>HCA</b>  <b>L&amp;I</b>	Jaymie Mai, Gary Franklin (L&I)  Charissa Fotinos (HCA)	Bree Collaborative	<p>L&amp;I is analyzing a collaborative care model for chronic pain/behavioral health in workers’ compensation.</p> <p>HCA has interviewed a few providers who are providing multidisciplinary pain care without a reliance on opioids to their patients to begin to explore the feasibility of offering additional evidence based pain management services.</p>	1

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					The Bree Opioid Implementation workgroup will work to develop alternative pain treatment strategies in mid-2017.	
1.3	<ul style="list-style-type: none"> <li>Utilize and make tele-mentoring prescriber education programs a fiscally sustainable and a billable telehealth service.</li> <li>Establish support programs for providers, like an opioid prescribing consultation hotline.</li> </ul>	HCA	Daniel Lessler (HCA)	University of Washington and other providers	<p>UW continues to deploy its TelePain Program through temporary HCA funding.</p> <p>With financial support from HCA and the Governor’s office, UW Medicine successfully piloted a pharmacy pain hotline in October. This resource is now available to all providers in the state who have questions regarding management of patients with chronic pain who are on opioids.</p>	1
1.4	<ul style="list-style-type: none"> <li>Convene local, state, and federal law enforcement agencies and community partners to develop and recommend strategies to reduce the supply of illegal opioids.</li> </ul>	Attorney General’s Office		Washington State Patrol, WA Association of Prosecuting Attorneys	In progress.	
2.1	<ul style="list-style-type: none"> <li>Support and implement behavioral health integration strategies in primary care, to include screening for opioid use disorder and increased management of medication-assisted and other treatments, like recovery support services.</li> </ul>	HCA	Charissa Fotinos (HCA)  Thomas Fuchs (DBHR)	Governor’s Office	HCA will begin to review and determine what programmatic and financial changes would need to occur to allow for brief interventions/behavioral health counseling visits to be reimbursed similar to other services provided in primary care. Currently payment only occurs for these codes in settings that are certified as behavioral health specialty providers. The recent allowance of both nurse practitioners and physician assistants to become waived and prescribe buprenorphine will also help address current gaps. Additional provider consultation time and supports may be needed to further expand the number of providers treating opioid use disorder with buprenorphine.	

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	<ul style="list-style-type: none"> <li>Implement these strategies in a culturally appropriate and accessible manner, especially among historically marginalized communities such as American Indian and Alaska Native populations.</li> </ul>				<p>In 2017, nurse practitioners and physician assistants will be able to prescribe buprenorphine. Reimbursements for care (e.g., assessments, induction dosing, follow up tests, screening for HIV, HCV, renal, liver function, urine tests, dispensing, and services to provide care) will be needed for the service to be self-sustaining. To help prepare these practitioners, DBRH, UW ADAI, and HCA will be publicizing access to the no fee training “PCSS-MAT Offering Free MAT Training to PAs and NPs” and encouraging mid-level providers around the state of Washington to participate in the training. After completion of the exam and 24 hours of training, physician assistants and nurse practitioners will be allowed to prescribe buprenorphine for up to 30 patients. This program is managed by the CDC’s SAMHSA’s Buprenorphine Waiver Management Listserv, which is responsible for the training and signup. (PCSST and other organizations are providing sanctioned training, some in person.)</p> <p>The Bree has convened a workgroup to develop strategies and benchmarks for integrating the minimum standards of behavioral health (mental health and substance use disorder screening and treatment) into primary care. Much of the content specific to screening for opioid use disorder builds off previous Bree recommendations to implement the evidence-based Screening, Brief Intervention, and Referral to Treatment (SBIRT) program in primary care and in emergency rooms. The Bree is working with Qualis Health to integrate the minimum standards into their work to offer technical assistance to practices across Washington through Hub efforts to build a Healthier Washington.</p> <p>One of the focuses of the federal naloxone grant, awarded by the Substance Abuse and Mental Health Services Administration to WA State DSHS DBHR, identifies Native Americans as a population of particular concern for being disproportionately impacted by opioid use. To reach this population, there will be a focus to involve local tribes as partners in strategic planning and implementation, and efforts to monitor the project’s demographic data to ensure overdose prevention and naloxone interventions are reaching this population.</p>	

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2.2	<p>Expand availability of evidence-based medication-assisted treatment</p> <ul style="list-style-type: none"> <li>Identify policy gaps and barriers that limit availability and utilization of MAT.</li> <li>Consider “spoke and hub” and other excellence models.</li> <li>Ensure availability of access to treatment medications for people with opioid use disorder, especially for pregnant women, IV drug users, and homeless.</li> <li>Pilot and evaluate low barrier models to buprenorphine.</li> </ul>	State Agencies	<p>Harvey Funai, Thomas Fuchs (DBHR)</p> <p>Charissa Fotinos (HCA)</p> <p>Caleb Banta-Green (UW ADAI)</p>	Partner agencies; UW ADAI	<p>DBHR is leading efforts to increase the number of opioid treatment programs (existing or new) that offer methadone and/or buprenorphine. DBHR will track development and update annually for the time period 2016-24. Tri-cities and Evergreen Treatment – Renton opened Office Based Opioid Treatment (OBOT) programs in 2016.</p> <p>DBHR is also focused on ways to expand office based opioid treatment (OBOT) and received a \$2 million federal grant to expand OBOT in Washington. Public Health-Seattle &amp; King County is lead on opening a King County “Bup”-first model (beginning in 2017) to include induction within a few days and a protracted, low-requirement, stabilization period lasting 1-2 months.</p> <p>Per HCA, several budget models have been developed based on best practices in other states and on feedback from the provider community. Both a Nurse Care Manager model, which has been successfully implemented in a number of Federally Qualified Health Centers in Massachusetts and a ‘hub and spoke’ model which has been implemented across the State of Vermont are two best practices that would be good to replicate in Washington. Hub and spoke models can be set up from one Substance Use Disorder Treatment Center to another, as noted above or from one medical practice to another. Cost estimates to implement these strategies in an incremental way have been submitted to OFM.</p> <p>DBHR and UW ADAI are considering use of “spoke and hub” and Center of Excellence models.</p>	2
2.2	<ul style="list-style-type: none"> <li>Explore new and existing funding sources to increase capacity in syringe service and other evidence-based programs.</li> </ul>	State Agencies	<p>Thomas Fuchs (DBHR)</p> <p>Tim Candela (DOH)</p>	Partner agencies	<p>DBHR allocated \$50K for syringe exchange naloxone at the end of 2015 with an additional \$30K allocated in July.</p> <p>DBHR has been awarded a 5-year federal grant in collaboration with UW ADAI to provide naloxone to lay and professional first responders in 4 high needs areas in Washington State.</p>	2

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			Susan Kingston (UW ADAI)		DOH has allocated general fund state HIV prevention dollars in the amount of \$1.2 million in FY2016 to provide sterile injection equipment for all Syringe Service Programs (SSPs) in Washington State and directly funded 10 programs with \$1.1 million GF-S in FY 2016 to provide SSP services (linkage to care, staffing, testing, etc.). A CDC Determination of Need was also completed, which allows access to federal funding from CDC, US Health Resources and Services Administration (HRSA), and SAMHSA to support SSP services.  DOH works with UW ADAI to jointly provide technical assistance to SSPs and providers around overdose prevention, testing, care coordination, capacity building assistance, and injection supplies.	
2.3	<ul style="list-style-type: none"> <li>Improve processes to identify offenders with opioid use disorder and develop evidence-based interventions to ensure offenders will receive timely and effective treatment in the community upon release, concentrating in areas that have achieved behavioral and physical health integration.</li> </ul>	DOC	Steve Hammond (DOC)	HCA, DSHS	<p>DOC has developed a method to identify persons incarcerated in DOC facilities who likely have Opioid Use Disorder (OUD) and are in the process of looking at those data to see how they can inform a strategy to address needs for treatment, especially for individuals released from incarceration into the community.</p> <p>The DOC Chief Medical Officer has met twice with the Director of Clark County Community services regarding a possible pilot. At the second meeting, they were joined by representatives from HCA, DSHS, Community Health Plan of Washington, Molina Health Plan, and Clark/Skamania treatment providers, and the director of community services from Skamania County. Next steps following that meeting were for DOC to do a data pull and analysis to give an estimate of potential numbers of offenders released from prison to Clark/Skamania who could be candidates for OUD treatment, and to talk further with HCA about how to get soon-to-be-released individuals with OUD enrolled in Medicaid health plans in order to expedite care coordination before release. DOC is focusing on Clark/Skamania for this pilot effort because this area of SW WA has a plan and provider network that integrate medical and behavioral health services. DOC plans to convene a follow-up meeting with this group by end of January 2017.</p> <p>DOC is also working with Caleb Banta-Green and UW ADAI to do a study on the effectiveness of using navigators to connect offenders with OUD released to King County</p>	2



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					to effective treatment services in King County. This work is supported by an Arnold Foundation grant.	
<b>2.4</b>	<ul style="list-style-type: none"> <li>Determine if access issues exist and explore and recommend solutions on how insurance payment mechanisms, formularies, and other administrative processes can ensure appropriate availability of MAT and evidence-based services for treatment of pain and overdoses.</li> <li>State health care purchasers shall assess whether current payment and coverage decisions support these treatments consistent with evidence-based practices and implement, as soon as feasible, value-based purchasing methods to improve results.</li> </ul>	<b>Insurance Commissioner</b>	<p>Jayme Mai, Gary Franklin (L&amp;I)</p> <p>Daniel Lessler, Charissa Fotinos (HCA)</p> <p>AnnaLisa Gellermann (OIC)</p>	State health care purchasing agencies; Private insurers, providers	<p>L&amp;I is analyzing a collaborative care model for chronic pain/behavioral health in workers’ compensation. In addition, L&amp;I covers treatment for substance use disorder, including medication assisted treatment (MAT), for up to six months as an aid to recovery and covers naloxone rescue therapy for high risk workers.</p> <p>The Bree Opioid Implementation workgroup will work to develop alternative pain treatment strategies in mid-2017.</p> <p>HCA has drafted the Opioid Medical Policy documenting authorization criteria for approving opioid treatment based on best practices for prescribing opioids and managing patients on opioid therapy. HCA presented a first draft policy to the Washington Drug Utilization Review Board and received feedback in October. The policy was refined further after discussion with the Bree Opioid Implementation workgroup. In December, further stakeholdering with WSMA will occur and HCA will be presenting an updated policy to the Drug Utilization Review Board. The tentative goal is to finalize criteria by January, and implement the policy for Medicaid in Spring 2017.</p>	1
<b>3.1</b>	<ul style="list-style-type: none"> <li>Educate heroin and/or prescription opioid users and those who may witness an overdose, on how to recognize and appropriately respond to an overdose.</li> </ul>	<b>DOH</b> <b>DSHS</b>	Tim Candela/ Therese Hanson, Mamadou Ndiaye (DOH)	UW ADAI and other partners, including local public health officials	<p>DOH will partner with UW ADAI who recently created a new video on recognizing an overdose and administering naloxone. DOH will ensure all our Syringe Service Programs have access to these training materials [<a href="http://www.stopoverdose.org/1">http://www.stopoverdose.org/1</a>] so they can train family and friends of heroin users.</p> <p>DBHR is partnering with UW ADAI, through a federal grant, to work with Syringe Service Programs to engage opiate users in overdose education, training and utilization of</p>	3

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	<ul style="list-style-type: none"> <li>State and local data systems will be enhanced to document opioid overdose occurrence and response.</li> </ul>		Thomas Fuchs, Earl Long (DBHR)		naloxone in order to reduce overdose and overdose deaths. The grant also provides enhancements to develop local, and statewide data systems to monitor opioid overdose and deaths resulting from opiates.	
3.2	<ul style="list-style-type: none"> <li>Ensure that covered individuals with opioid use disorder receive overdose education and access to naloxone.</li> </ul>	<b>State agency health care purchasers</b>	Charissa Fotinos (HCA)		<p>Opiate Treatment Programs (OTPs) have received rules clarification that they are allowed to store naloxone in their dispensaries, which was an initial barrier. King County is piloting a program to provide naloxone to OTP and drug treatment clients by billing Medicaid. This could become a workable model for naloxone distribution from OTPs. Five OTPs in the state are known to be initiating naloxone programs. Sample protocols have been developed and posted on stopoverdose.org.</p> <p>20 new law enforcement units in 6 counties are now carrying naloxone. King County EMS, the state’s largest EMS unit, will soon pilot a naloxone program. COSE provided assistance for most units with protocols, overdose/naloxone training and evaluation strategies.</p>	3
3.3	<ul style="list-style-type: none"> <li>Consider a centralized naloxone procurement process.</li> <li><i>Report recommended solutions when practicable.</i></li> </ul>	<b>AMDG</b>	Kathy Lofy with AMDG	Partners, including the Centers for Disease Control and Prevention (CDC)	<p>The primary purpose of this directive is to obtain a lower price for naloxone and enhance access.</p> <p>Since the directive was issued, we have learned that Adapt Pharma was offering a 40% discount on naloxone to public entities. DBHR is purchasing naloxone at this discounted price for distribution in the state.</p> <p>DOH has surveyed other states on their activities related to this effort and compiled information received.</p> <p>The AMDG will further explore a centralized procurement process in 2017.</p>	
4.1	<ul style="list-style-type: none"> <li>Develop statewide measures to monitor prescribing practices and access to high quality and necessary pain care, focusing on metrics with a statewide and regional view.</li> </ul>	<b>DOH</b>  <b>AMDG</b>  <b>Bree Collaborative</b>	Jen Sabel, Neal Traven (DOH)	Providers and other partners	A subgroup of the Bree Opioid Implementation workgroup has developed a comprehensive list of opioid prescribing metrics focused on (1) short term/acute prescribing, (2) long-term chronic prescribing, and (3) state-wide morbidity and mortality indicators for the DOH. See <b>Appendix A</b> for the draft list of metrics.	

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	<ul style="list-style-type: none"> <li>Using these measures, DOH will identify regional variations in prescribing practices and encourage health systems and insurers to use these measures to identify and intervene with health care providers who engage in unsafe prescribing practices.</li> </ul>	<b>UW</b>			<p>DOH is currently planning to integrate prescribing measures from the Prescription Monitoring Program into a public data portal, the Washington Tracking Network, so data can be displayed on the state and county level. The goal is to start integrating data in early 2017. DOH is also completing a report with county metrics using aggregate PMP data to help local authorities better understand prescribing practices in their local jurisdictions so that they can target their resources accordingly.</p> <p>DOH is exploring the feasibility of using PMP data to create prescriber report cards and share prescriber data with chief medical officers.</p>	
<b>4.2</b>	<ul style="list-style-type: none"> <li>Identify persons at high risk for prescription opioid overdose and intervene when appropriate with outreach efforts to provide necessary medical care, including treatment of pain and/or opioid use disorder.</li> </ul>	<b>State agency health care purchasers</b>	<p>Charissa Fotinos, Rick Ries (HCA)</p> <p>Jen Sabel (DOH)</p>	DOH	<p>HCA has run a list of all opioids prescribed to patients on Medicaid. The Managed Care Organization (MCO) plans will be informed of high utilizers and over-prescribers. A CDC grant is helping to fund a position at HCA to better analyze opioid data from the PMP and Medicaid claims files and do outreach to providers and the MCOs based on the results. HCA is considering developing a plan for PEBB employees to allow targeted outreach.</p> <p>DOH will continue sharing PMP data with L&amp;I and HCA. This work is being funded at L&amp;I and HCA via our federal CDC Prescription Drug Overdose Prevention grant awarded this year to DOH.</p>	2
<b>4.3</b>	<ul style="list-style-type: none"> <li>Collaborate with partners to explore policies and processes to enhance functionality and increase the use of the Prescription Drug Monitoring Program among health care providers.</li> </ul>	<b>DOH</b>	Gary Garrety, Chris Baumgartner (DOH)	Partners	<p>DOH has accomplished the following actions to enhance access to and use of the Prescription Monitoring Program (PMP):</p> <ul style="list-style-type: none"> <li>Initiated rules to implement a recent law expanding access to the PMP by prescribers of non-controlled drugs as well as DOH-licensed healthcare facilities and provider groups of five or more connecting through the statewide health information exchange.</li> <li>Implemented new rules to increase how often the PMP collects data from dispensers to provide more timely data to providers. The new rule also allows pharmacists to delegate access to their licensed staff to make access easier.</li> <li>Performed outreach to increase provider use of the PMP.</li> </ul>	1 & 4

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					<p>DOH is working with its PMP vendor (Health Information Design) to implement changes in the law that will allow facilities to connect to the PMP using their electronic health records (EHR) systems. This would allow providers to query the PMP from the electronic records system in their native workflow.</p> <p>DOH offers the PMP as a specialized registry under the federal meaningful use program to provide additional business incentives for making the connection between EHRs and PMP.</p>	
<b>4.4</b>	<ul style="list-style-type: none"> <li>• Explore methods to notify health care providers of opioid overdose event.</li> <li>• Include how the Emergency Department Information Exchange electronic health information system used by hospitals might use prescription drug monitoring program data to identify health care providers who recently prescribed opioids to an overdose victim and notify them of that overdose event.</li> </ul>	<b>DOH</b>	Gary Garrety, Chris Baumgartner (DOH)	HCA, L&I	<p>DOH is exploring potential legislation that would allow the Emergency Department Information Exchange (EDIE) to electronically use data from the PMP so that providers who have prescribed opioids to someone who has had a non-fatal overdose can be notified of the event. DOH is also exploring potential legislation to allow local health officers to be able to use PMP data to follow up with patients and providers after overdose events.</p> <p>L&amp;I is exploring methods to identify non-fatal overdoses and developing a process to intervene, including notification to providers and referral for treatment if indicated.</p>	4